

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031175

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No.

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirkville</b>		c. CITY OR TOWN <b>Kirkville</b>	
Length of stay in 1b <b>16 Years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>717 East Jefferson</b>		d. STREET ADDRESS (If outside, give location) <b>717 East Jefferson</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Jerome</b> Middle <b>Harry</b> Last <b>Watts</b>		4. DATE OF DEATH Month <b>August</b> Day <b>6</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/27/1892</b>
9. AGE (last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>General farming</b>		11. BIRTHPLACE (City and state or country) <b>Strickleville, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Francis Watts</b>	
13b. MOTHER'S MAIDEN NAME <b>Leona Leas</b>		14. NAME OF HUSBAND OR WIFE <b>Elma Watts</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Mrs. Elma Watts</b>		Address <b>717 East Jefferson St. Kirkville, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ruptured aortic aneurism</b> DUE TO (b) <b>gortic aneurism</b> DUE TO (c) <b>arterio-sclerotic heart disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>arterio-sclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b> <b>10 years</b> <b>8 years</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>4:10</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Kirkville, Missouri</b>		COUNTY <b>Adair</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>6-4-1948</b> to <b>8-6-1963</b> and last saw him alive on <b>August 6, 1963</b> Death occurred at <b>4:10</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Howard E. Gross</b>	
22b. ADDRESS <b>Kirkville, Missouri</b>		22c. DATE SIGNED <b>1/11/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>August 9, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivett Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Green City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Glenn E. Kent &amp; Son, Green City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1/11/63</b>	
26. REGISTRAR'S SIGNATURE <b>Howard E. Gross M.D.</b>			

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Earl R. Kent  
Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.